BLOCK 52 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

Application Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Propsed Work Site at: 276 Maxim Road, Howell, NJ
2. Name of Owner in Fee: [redacted] Tel. ([redacted]
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Owner Tel. (____) _____
   Address [redacted] Lakewood, NJ
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer Owner Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work Owner
   Tel. (____) _____ FAX (____) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

			(office use only)
1.	Number of Stories	1	
2.	Height of Structure	16 ft.	
3.	Area — Largest Floor	2225 sq. ft.	
4.	New Building Area	1325 sq. ft.	
5.	Volume of New Structure	17800 cu. ft.	
6.	Construction Classification	Frame	
7.	Total Land Area Disturbed	1325 sq. ft.	
8.	Flood Hazard Zone	None	
9.	Base Flood Elevation	ft.	
10.	Wetlands yes		
	no	x	
11.	Max. Live Load		
12.	Max. Occupancy Load	4	

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction 1

After Construction 1

Net Gain or Loss -

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS HW-B 10408934

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. (X) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. (X) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A., or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. (X) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. (X) Electrical C.4. (X) Plumbing

D. (X) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

HOWELL TOWNSHIP
251 PREVENTORIUM ROAD
HOWELL NJ 07731
732-938-4500

CERTIFICATE

IDENTIFICATION

Date Issued: 12/04/2002
Control #: 6989
Permit # 19981555

Block: 52 Lot: 12 Qual: _____

Work Site: 276 MAXIM RD
HOWELL NJ 07731

Owner in Fee: [redacted]

Address: 276 MAXIM RD
HOWELL NJ 07731

Telephone: _____

Agent/Contractor: [redacted]

Address: 276 MAXIM RD
HOWELL NJ 07731

Telephone: _____

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: _____

Social Security No.: _____

Home Warranty No: _____

Type of Warranty Plan: [ ] State [ ] Private

Use Group: R-3

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

Description of Work/Use: ADDITION, 1300 S.F., 10,800 C.F. WITH REINSTATEMENT PERMIT

[X] **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform construction Code and is approved for occupancy.

[ ] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _or the owner will be subject to fine or order to vacate.

Edward S. Mack

Edward Mack Construction Official

U.C.C 360 (rev. 3/96)

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17 to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Fees $20.00

Paid [X]Check No 315

Collected by BF

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

APPLICATION FOR CERTIFICATE

Date Received 8-19-02
Date Permit Issued
Control #
Permit # 19981555
Date Issued

*** REQUIREMENT FOR ISSUANCE OF CERTIFICATES OF OCCUPANCY.

*** TO BE SUBMITTED AT TIME OF SCHEDULING OF FINAL INSPECTIONS.

IDENTIFICATION

Block 52 Lot 12
Work Site Location 276 MAxim Rd Howell NJ
Owner in Fee [redacted]
Address 276 MAxim Rd Howell NJ
Tele. [redacted]

Contractor OWNER
Address SAME
Tele. ( )
Lic. No.
Federal Emp. No.
or Social Security No.

ACTION

☑ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ TEMPORARY CERTIFICATE OF OCCUPANCY
USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ [redacted] 110,000.00
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

none

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

Addition - Expansion of entire home.
Kitchen, great room, 3 br's + 2 baths
1,300 S.F.

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: [redacted] OWNER/AGENT
☑ Owner
☐ Agent

U.C.C. Form F-370A

HOWELL TOWNSHIP
251 PREVENTORIUM ROAD
HOWELL, NJ 07731
732 - 938-4500

Permit Number: 20022015
Permit Date: 08/19/2002
Update Number:
Control Number: 20286
Application Date: 08/19/2002

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 52 Lot : 12 Qualifier :

Work site Location: 276 MAXIM ROAD HOWELL

Owner In Fee: [redacted]

Address: 276 MAXIM ROAD
HOWELL NJ 07731

Telephone: [redacted]

Use Group(s): R-3

Contractor: [redacted]

Address: 276 MAXIM ROAD
HOWELL NJ 07731

Telephone: [redacted]

Lic. No. / Bldrs. Reg. No.:

Federal Emp. No.:

is hereby granted permission to perform the following work :

[X]BUILDING
[ ]ELECTRICAL
[ ]ELEVATOR DEVICES
[ ]ASBESTOS ABATEMENT
(Subchapter 8 only)

[ ]PLUMBING
[ ]FIRE PROTECTION
[ ]MECHANICAL
[ ]LEAD HAZARD ABATEMENT

[ ] DEMOLITION
[ ] OTHER

DESCRIPTION OF WORK:

REINSTATE PERMIT # 19981555 FOR A ADDITION

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	0.00
Cost of Demolition:	0.00
Total Cost:	$0.00

If construction does not commence within one year of date of issuance, or if construction ceases for a period of six months, this permit is void.

Edward Mack — 8-19-02
Construction Official — Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

PAYMENTS (Office Use Only)

Building	$19.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$19.00**
All Fees Waived :	No

Amount to be Paid: **$19.00**

Check amount: $19.00

Collected by: JM
Receipt No:
Total Cash Amount
Total Check Amount $19.00
Total CC Amount
Grand Total $19.00

Note: FIELD COPY MUST BE ON SITE AT ALL TIMES WHEN INSPECTORS COME TO INSPECT!!!!!

CONSTRUCTION PERMIT

Date Issued 3-18-99
Control #
Permit # 98-1555-1

IDENTIFICATION Block 52 Lot 12
Work Site Location 276 Main Rd Howell NJ
Owner in Fee [redacted]
Address [redacted] Lakewood NJ
Tel. ( ) [redacted]
Contractor
Address SAME
( )
Lic No. or Bldrs. Reg No
Fed. Emp No

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK: Full Release - Addition (10,800 CF) (1300 SF)

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 70,000.00

Mick (BF)
Construction Official

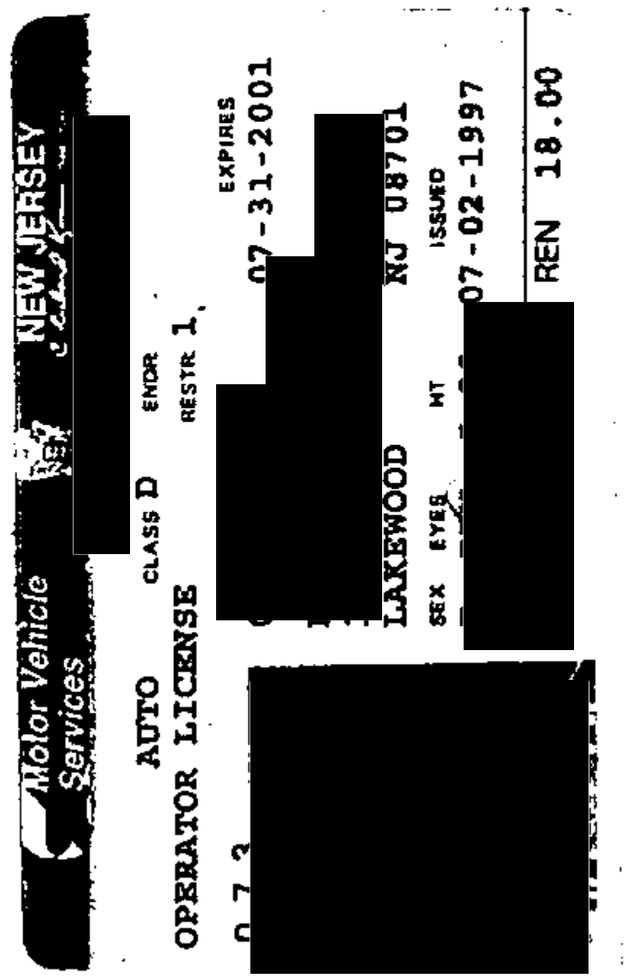
Date

PAYMENTS (Office Use Only)

Building	
Electrical	255.00
Plumbing	225.00
Fire Protection	50.00
Elevator Devices	
Other	
DCA Training Fee	
Cert of Occupancy	
Other	
Total	580.00
Check No	883
Cash	
Collected by	BF 3-18-99

(see reverse side)

UCC F170
(rev 3/96)
1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY



B52 L12

[redacted]
LAKEWOOD, NJ 08701

COVERED BRIDGES

883

55-7233/2212

Date Mar 18, 99

Pay to the order of [redacted] Township

$ 580.00

Five Hundred Eighty dollars

Security features included. Details on back.

SOVEREIGN BANK
BRICKTOWN, NJ 08723

for Bldg permit

[redacted]

CONSTRUCTION PERMIT

Date Issued 8-21-98
Control #
Permit # 98-1555

IDENTIFICATION Block 52 Lot 12

Work Site Location 276 Maxim Road
Howell, NJ

Owner in Fee Troy & Kristen Ebner
Address 160 Wood Lake Manor Dr.
Lakewood, NJ
Tel. (732) 363-8276

Contractor Owner
Address
Tel ( )
Lic No or Bldrs. Reg. No
Fed. Emp. No

Is hereby granted permission to perform the following work:

[x] BUILDING [x] PLUMBING [ ] LEAD HAZARD ABATEMENT
[x] ELECTRICAL [ ] FIRE PROTECTION [x] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK.
Addit 1+2 only (10,800CF ~~2300SF~~ $300

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 70,000

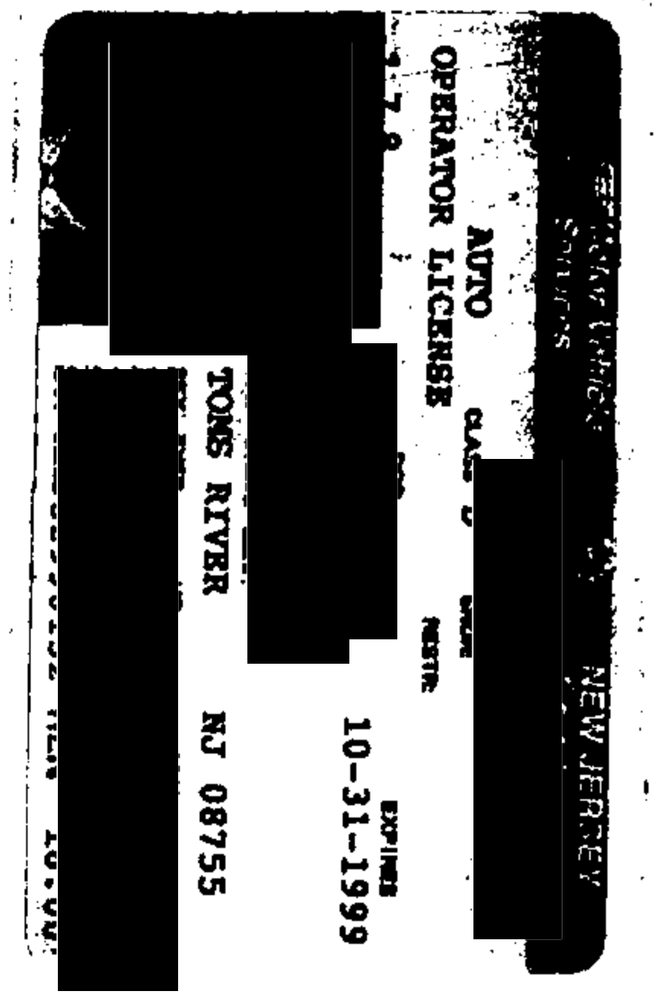
Wilk. (BF)
Construction Official

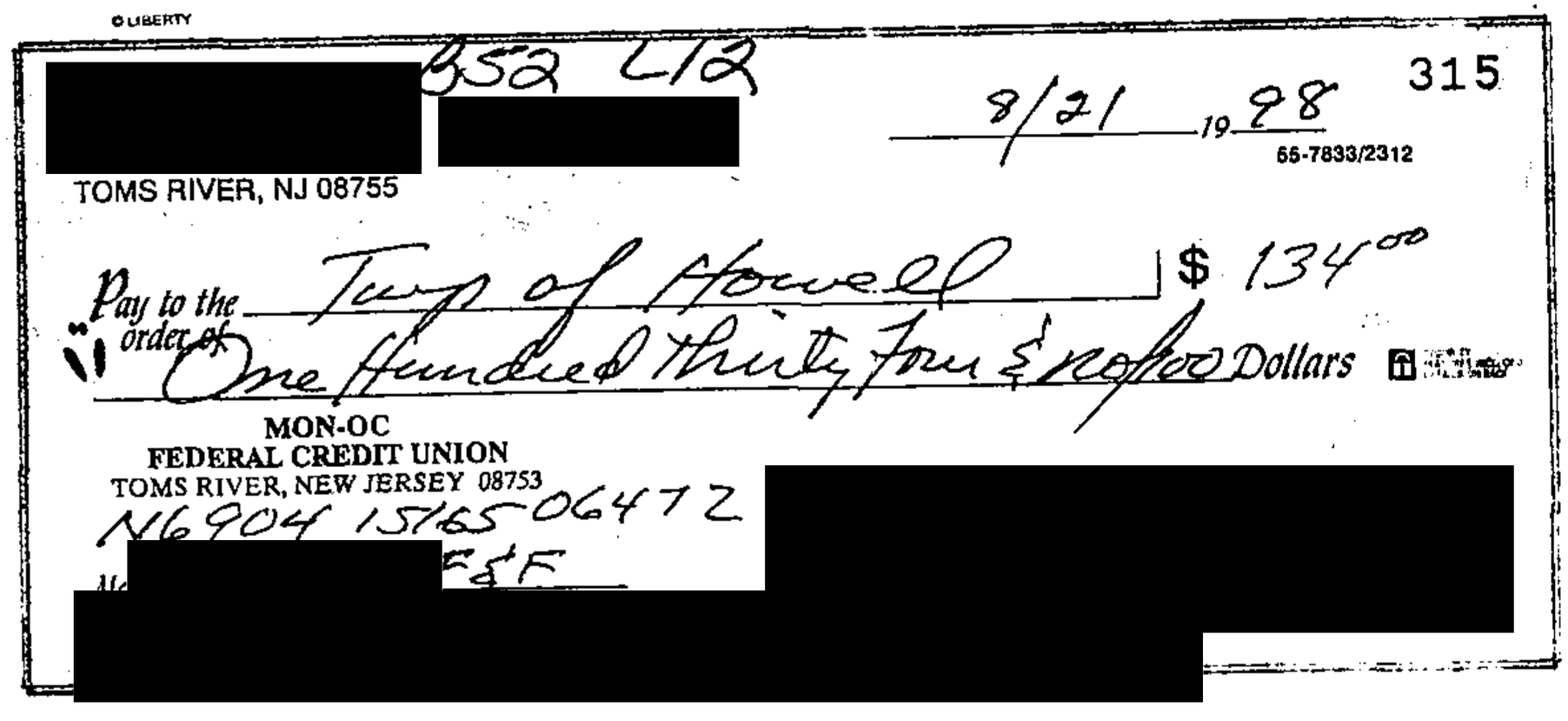
Date

PAYMENTS (Office Use Only)
Building 97.00
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee 17.00
Cert. of Occupancy 20.00
Other
Total 134.00
Check No. 315
Cash
Collected by BF 8-21-98

(see reverse side)

UCC F170
(rev 3/96)
1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY





CONSTRUCTION PERMIT

Date Issued 3-18-99
Control #
Permit # 98-1555-1

IDENTIFICATION Block 52 Lot 12
Work Site Location 276 Main Rd Howell NJ
Owner in Fee [redacted]
Address [redacted] Lakewood NJ
Tel. ( ) [redacted]

Contractor
Address Same
( )
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK: Full Release - Addition (10,800 CF) (1300 SF)

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 70,000.00

Wlk (BF)
Construction Official

Date

PAYMENTS (Office Use Only)

Building	
Electrical	255.00
Plumbing	275.00
Fire Protection	50.00
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	580.00
Check No.	883
Cash	
Collected by	BF 3-18-99

U.C.C. F170
(rev. 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18 This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains, electrical rough wiring, panels and service installations, insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures, mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements.

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

CONSTRUCTION PERMIT

Date Issued 3-18-99
Control #
Permit # 98-1555-1

IDENTIFICATION Block 52 Lot 12
Work Site Location 276 Marion Rd Howell NJ
Owner in Fee [redacted]
Address [redacted] Lakewood NJ
Tel. ( ) [redacted]

Contractor
Address ( )
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK: Full Release - Addition (10,800 CF) (1300 SF)

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 70,000.00

Wk (BF)

Construction Official

Date

PAYMENTS (Office Use Only)

Building	
Electrical	255.00
Plumbing	275.00
Fire Protection	50.00
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	580.00
Check No.	883
Cash	
Collected by	3-18-99

U.C.C. F170
(rev. 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required insoections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations, insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures, mechanical systems equipment.

Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

CONSTRUCTION PERMIT

Date Issued 8-19-02
Control # 20286
Permit # 2002 2015

IDENTIFICATION Block 52 Lot 12
Work Site Location 276 MAXIM Rd Howell NJ
Owner in Fee [redacted]
Address 276 MAXIM RD
Tel. [redacted]

Contractor OWNER
Address SAME
Tel. ( )
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK: ADDITION
Reinstate permit # 1998 1555

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 0

Construction Official

8-19-02
Date

PAYMENTS (Office Use Only)

Building	$ 19.00
Electrical	
Plumbing	2nd fl
Fire Protection	0
Elevator Devices	97.00
Other	Permit # 1998 555
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	$ 19.00
Check No.	
Cash	19.00
Collected by	

U.C.C. F170
(rev. 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

U.C.C. Form F-170D

CONSTRUCTION PERMIT

Date Issued 8-19-02
Control # 20286
Permit # 2002 2015

IDENTIFICATION Block 52 .01 Lot 12

Work Site Location 276 MAXIM RD

Owner in Fee [redacted]

Address 276 MAXIM RD

Tel. ([redacted]

Contractor OWNER

Address SAME

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK: ADDITION
Reinstate permit # 1998 1555

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 0

Construction Official

8-19-02
Date

PAYMENTS (Office Use Only)

Building	$ 19.00
Electrical	
Plumbing	2nd fl
Fire Protection	1)
Elevator Devices	97.00
Other	Permit # 1998 555
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	$ 19.00
Check No.	
Cash	19.00
Collected by	Jm

U.C.C. F170
(rev. 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

CONSTRUCTION PERMIT

Date Issued 8-2-98
Control #
Permit # 98-1555

IDENTIFICATION Block 52 Lot 12

Work Site Location 276 Maxim Road
Howell, NJ

Owner in Fee [redacted]

Address [redacted]
Lakewood, NJ

Tel. ([redacted]

Contractor Owner

Address

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No.

Is hereby granted permission to perform the following work:

[X]	BUILDING	[X]	PLUMBING	[ ]	LEAD HAZARD ABATEMENT
[X]	ELECTRICAL	[ ]	FIRE PROTECTION	[X]	DEMOLITION
[ ]	ELEVATOR DEVICES	[ ]	ASBESTOS ABATEMENT (Subchapter 8 only)	[ ]	OTHER

DESCRIPTION OF WORK:
Addit 747 only (10,800CF ~~2300SF~~ 300)

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 70,000

Wilk (RB)
Construction Official

Date

PAYMENTS (Office Use Only)

Building	97.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	17.00
Cert. of Occupancy	20.00
Other	
Total	134.00
Check No.	315
Cash	
Collected by	8/2/98

U.C.C. F170
(rev. 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services; rough piping, water service, sewer, septic services and storm drains, electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures, mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

CONSTRUCTION PERMIT

Date Issued 8-21-98
Control #
Permit # 98-1555

IDENTIFICATION Block 52 Lot 12

Work Site Location 276 Maxim Road
Howell, NJ

Owner in Fee [redacted]
Address
Lakewood, NJ
Tel. [redacted]

Contractor Owner
Address

Tel. ( )
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No.

Is hereby granted permission to perform the following work:

[x] BUILDING	[x] PLUMBING	[ ] LEAD HAZARD ABATEMENT
[x] ELECTRICAL	[ ] FIRE PROTECTION	[x] DEMOLITION
[ ] ELEVATOR DEVICES	[ ] ASBESTOS ABATEMENT (Subchapter 8 only)	[ ] OTHER

DESCRIPTION OF WORK:

Kitchen 7+7 only (10,800CF ~~3600SF~~ 300)

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 10,000

Mike (RF)
Construction Official

Date

PAYMENTS (Office Use Only)

Building	97.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	17.00
Cert. of Occupancy	20.00
Other	
Total	134.00
Check No.	315
Cash	
Collected by	8-21-98

U.C.C. F170
(rev. 3/96)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains, electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 98-1777

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 52 Lot 12
Work Site Location 276 Maxing Road
Howell, NJ
Owner in Fee [redacted]
Address [redacted]
Lakewood, NJ
Tele. [redacted]
Contractor Owner
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing			4/8/99	BC
Foundation	4/26/99		5/6/99	BC
Slab 5 GAR.-Crawl			5/25/99	JC
Frame	5/24/00		7/26/00	Ecs.
Barrier-Free				
Insulation			8/8/00	PSO
Finishes				
Energy				
Mechanical				
TCO PLY			10/15/99	CG
Other				
Final	8/19/02	11-25-02	11/26/02	CG
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R3
Constr. Class Present Proposed 5B
No. of Stories 1
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors 2200 Sq. Ft.
Volume of New Structure 19800 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 70,000 00
2. Alteration $
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

I [redacted] (agent of) owner of [redacted] make this application. 8/7/98

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Addition to existing home (1 story) consisting of kitchen, great room, 3 BR's & 2 baths.

2300 S.F.

TYPE OF WORK:
[ ] New Building
[X] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other DCA = 10,800

[ ] Demolition

FEE (Office Use Only)

$	~~2500~~ 9700
	17.00
	~~400~~ 42
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F110
(rev. 3/96)

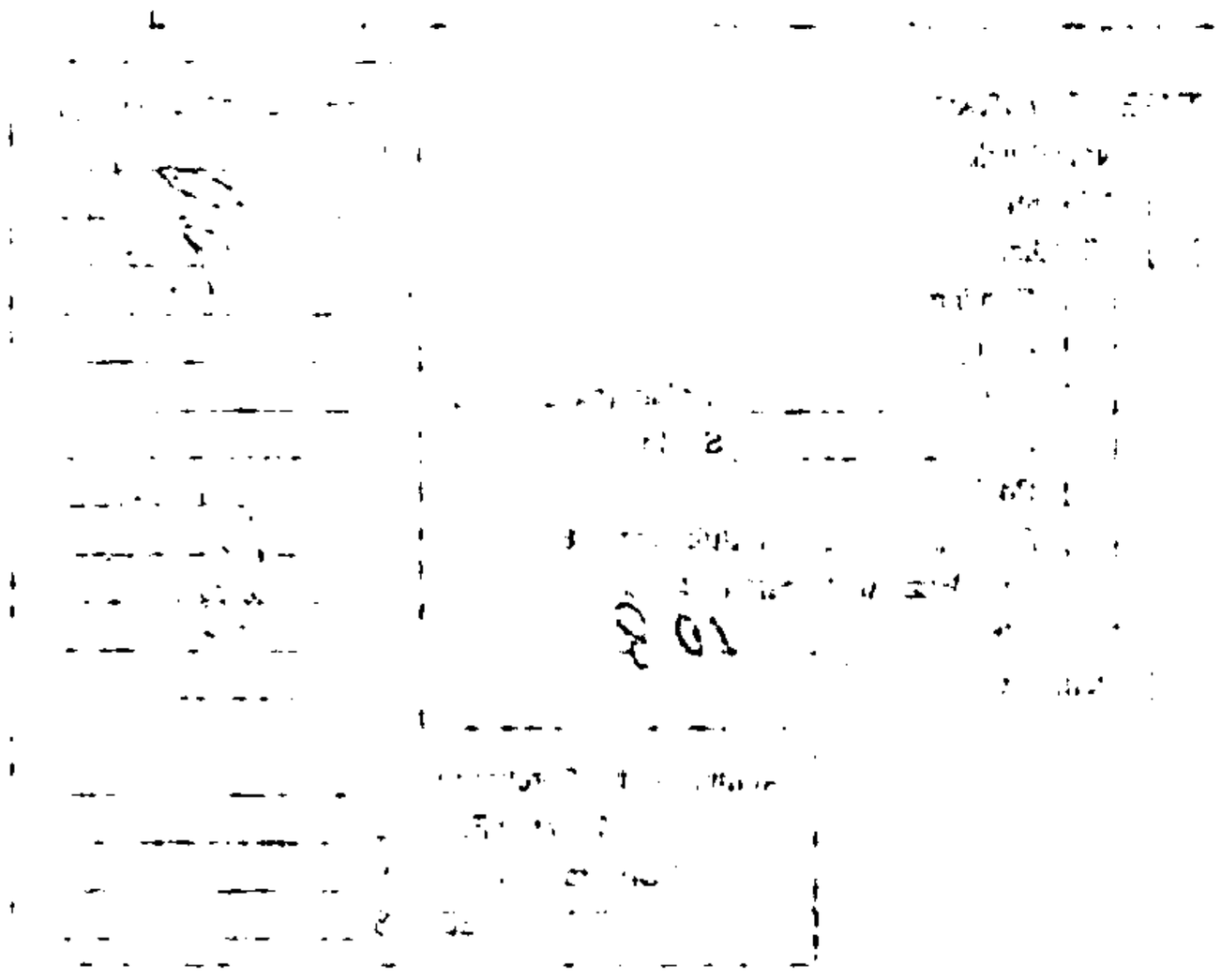
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

4/26/99 ① No plans on site
② Sill-Ty's not spread as per manufactures. spec's
③ Water proofing not complet front

10/15/99 - ROOF OVERHANG ARBOR APPLIED.
CG

6/8/00 FRONT PORCH FOUNDATION MISSING
T. ECT.

6/21/01 Ed did footing insp on 6-20-01
CG
- VERIFIED THAT DECK IS ON PLAN
- WILL BRING IN SPEC DRAWING OF DECK



BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 52 Lot 12
Work Site Location 276 Maxing Road
Howell, NJ
Owner in Fee [redacted]
Address [redacted]
Lakewood, NJ
Tele. ([redacted]
Contractor Owner
Address
Tele. (___) Fax (___)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing			4/8/99	
Foundation			/	
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ___ Proposed R3
Constr. Class Present ___ Proposed 5B
No. of Stories 1
Height of Structure ___ Ft.
Area — Largest Floor ___ Sq. Ft.
New Bldg. Area/All Floors 2200 Sq. Ft.
Volume of New Structure 19800 Cu. Ft.
Total Land Area Disturbed ___ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 70,000.00
2. Alteration $ ___
3. Total (1+ 2) $ ___

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

[redacted] 4/7/98
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Addition to existing home (1 story) consisting of kitchen, great room, 3 BR's & 2 baths.

2300 S.F.

TYPE OF WORK:
[ ] New Building
[X] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence ___ Height (exceeds 6')
[ ] Sign ___ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other DCA = 20,800
[ ] Demolition

FEE (Office Use Only)

$	560
	9700
	17.00
	1400
	42
Administrative Surcharge	$ ___
Minimum Fee	$ ___
DCA Training Fee	$ ___
TOTAL FEE	$ ___

U.C.C. F110
(rev. 3/96)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 52 Lot 12

Work Site Location 276 Maxing Road
Howell, NJ

Owner in Fee [redacted]

Address [redacted]
Lakewood, NJ

Tele. [redacted]

Contractor Owner

Address

Tele. (____) _____ Fax (____) _____

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing			4/18/94	JCL
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R3
Constr. Class Present _____ Proposed 5B
No. of Stories 1
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors 2200 Sq. Ft.
Volume of New Structure 19800 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 70,000 00
2. Alteration $ _____
3. Total (1+ 2) $ _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record [redacted] make this application.

Signature [redacted] 4/7/94

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Addition to existing home (1-story) consisting of kitchen, great room, 3 BR's & 2 baths.

2300 S.F.

TYPE OF WORK:
[ ] New Building
[X] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence _____ Height (exceeds 6')
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement Subchapter 8
  [ ] Lead Haz. Abatement NJAC 5:17
  [ ] Other DCA = 20.00
[ ] Demolition

FEE (Office Use Only)

$	[illegible]
	9700
	11
	17.00
	[illegible]
	25
Administrative Surcharge	$ _____
Minimum Fee	$ _____
DCA Training Fee	$ _____
TOTAL FEE	$ _____

U.C.C. F110
(rev. 3/96)

1- White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 52 Lot 12
Work Site Location 276 Maxing Road
Howell, NJ
Owner in Fee [redacted]
Address [redacted]
Lakewood NJ
Tele. [redacted]
Contractor Owner
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing			4/	
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R3
Constr. Class Present Proposed 5B
No. of Stories 1
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors 2300 Sq. Ft.
Volume of New Structure 10,200 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 270,000
2. Alteration $
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signa [redacted]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

[illegible]
2300 S.F.

TYPE OF WORK:
[ ] New Building
[X] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence Height (exceeds 6')
- [ ] Sign Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other [illegible]

[ ] Demolition

FEE (Office Use Only)

$	[illegible]
	2300
	11
	11.00
	1.00
	[illegible]
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F110
(rev. 3/96)

1- White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

WORK PER 1993 NEC.

WR# 100025778

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3-18-99
Date Issued
Control #
Permit # 98-1555-1

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 52 Lot 12

Work Site Location 276 Maxim Road, Howell, NJ

Owner in Fee/Occupant [redacted]

Address

Tele. [redacted]

Contractor Owner

Address [redacted]
Lakewood, NJ

Tele. ( ) Fax ( )

Lic. No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Single Family Proposed Single Family

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Single Family Utility Co. GPU

Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 8/10/98

Approved by: (CP)

SUBCODE APPROVAL

[X] CO [ ] CCO [ ] CA

Date: 1/4/01

Approved by: C. Phillips

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough	5-5-00		5-11-00	✓
Temp. Serv.	✓			
Constr. Serv.				
TCO			✓	
Other	~~✓~~			
Service	~~5-5-00~~		5-5-00	✓
Final			1-4-01	✓

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued 5-12-00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized [redacted] and perform the work listed on this application.

8/7/98

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [X] Exempt Applicant

~~CHECK 5 FT FOR SWITCH FOR RECESS LT'S OVER TUB. ON FINAL~~

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
~~28~~ 68		Lighting Fixtures	
20		Receptacles	
9		Switches	
1		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
126		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$ 80.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
1	9.6	KW Elec. Range/Receptacle	20.00
		KW Oven/Surface Unit	
1	2	KW Elec. Water Heater	20.00
1	14.4	KW Elec. Dryer/Receptacle	20.00
1	2.4	KW Dishwasher	20.00
1	1/3	HP Garbage Disposal	25.00
1	16	KW Central A/C Unit	25.00
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
	200	AMP Service	45.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	# 255.00

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F120
(rev 3/96)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

5-5-00

1) KITCHEN OUTLET CAN'T BE SCREWED.

2) SWITCH FOR LTS FOR HYDRO-TUB SET AWAY.

WORK PER 1993 NEC.

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 3-18-99
Date Issued
Control #
Permit # 98-1555-1

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG.NO: 1-800-272-1000.

Block 52 Lot 12
Work Site Location 276 Mexim Road, Howell, NJ
Owner in Fee/Occupant [redacted]
Address
Tele [redacted]
Contractor Owner
Address [redacted]
Lakewood, NJ
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Single Family Proposed Single Family
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Single Family Utility Co. GPU
Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] *No Plans Required*
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 8/10/98
Approved by: (CP)

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

[redacted] 8/7/98
Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
~~28~~ 68		Lighting Fixtures / Receptacles	
20		Switches	
9		Detectors	
1		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
126		TOTAL NUMBERS	$ 80.00
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
1	9.6	KW Elec. Range/Receptacle	20.00
		KW Oven/Surface Unit	
1	2	KW Elec. Water Heater	20.00
1	14.4	KW Elec. Dryer/Receptacle	20.00
1	2.4	KW Dishwasher	20.00
1	1/3	HP Garbage Disposal	25.00
1	16	KW Central A/C Unit	25.00
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
	200	AMP Service	45.00
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
			# 255.00

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F120
(rev 3/98)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

WORK PER 1993 NEC.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3-18-99
Date Issued
Control #
Permit # 98-1555-1

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 52 Lot 12
Work Site Location 276 Maxim Road, Howell, NJ
Owner in Fee/Occupant [redacted]
Address
Tele. [redacted]
Contractor Owner
Address [redacted]
Lakewood, NJ
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Single Family Proposed Single Family
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Single Family Utility Co. CPU
Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 8/10/98
Approved by: [signature] (CI)

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized [redacted] perform the work listed on this application.

[redacted] 2/7/98
Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
~~28~~ 68		Lighting Fixtures
20		Receptacles
9		Switches
1		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
~~126~~		.....
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
1	9.6	KW Elec. Range/Receptacle
		KW Oven/Surface Unit
1	2	KW Elec. Water Heater
1	14.4	KW Elec. Dryer/Receptacle
1	2.4	KW Dishwasher
1	1/3	HP Garbage Disposal
1	16	KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
	200	AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
		.....
		.....

FEE (Office Use Only)	
	$ 80.00
	20.00
	20.00
	20.00
	20.00
	25.00
	25.00
	45.00
	# 255.00
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F120
(rev. 3/96)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE SUBCODE TECHNICAL SECTION

Date Received 3-18-99
Date Issued
Control #
Permit # 98-1555-1

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 52 Lot 12
Work Site Location 276 Maxim Road
Howell, NJ
Owner in Fee [redacted]
Address [redacted]
Lakewood, NJ
Tele. ([redacted]
Contractor Owner
Address
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [ ] Gas [X] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
Total Cost of Fire Protection Work $

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 11/23/98
Approved by: C Howard

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1-4-01
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe TANK			11-22-00	
Fire Pump				
Pre-Eng. System				
Mechanical BOILER			1-17-00	
Smoke Control				
TCO				
Final				
Other PLUMB	52.00	FP/B-VOID		

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make thi[redacted]

Signature [redacted] 8/7/98

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: ADDITION
FULL S/D UPGRADE
WOOD STOVE
Water Supply Source
Method of Alarm/Suppression System Supervision

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity Fuel

		NUMBER	FEE (Office Use Only)
Alarm Systems	[X] 110v Interconnected [ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		5	25.00
Supervisory Devices (i.e., tampers, low/high air)			
Signaling Devices (i.e., horn/strobes, bells)			
Other Devices			
TOTAL			
Suppression Systems			
Fire Pump GPM Type			
Dry Pipe/Alarm Valves			
Pre-action Valves			
Sprinkler Heads (Dry and Wet)			
Standpipes			
Pre-engineered Systems			
Wet Chemical			
Dry Chemical			
CO_2 Suppression			
Foam Suppression			
Halon Suppression			
Other			
Kitchen Hood Exhaust System			
Smoke Control System			
Gas [ ] or Oil [ ] Fired Appliances			
Other WOODSTOVE		1	25.00

Administrative Surcharge	$	50.00
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F140
(rev. 3/96)

FIRE SUBCODE TECHNICAL SECTION

Date Received 3-18-99
Date Issued
Control #
Permit # 98-1555-1

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 52 Lot 12
Work Site Location 276 Maxim Road
Howell, NJ
Owner in Fee [redacted]
Address [redacted]
Lakewood, NJ
Tele. ([redacted]
Contractor Owner
Address
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [ ] Gas [X] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
Total Cost of Fire Protection Work $

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 11/23/98
Approved by: C Howard

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this [redacted] 8/7/98

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: ADDITION
FULL S/D UPGRADE
WOOD STOVE
Water Supply Source
Method of Alarm/Suppression System Supervision

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity Fuel

	NUMBER
Alarm Systems [X] 110v Interconnected [ ] System	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	5
Supervisory Devices (i.e., tampers, low/high air)	
Signaling Devices (i.e., horn/strobes, bells)	
Other Devices	
TOTAL	
Suppression Systems	
Fire Pump GPM Type	
Dry Pipe/Alarm Valves	
Pre-action Valves	
Sprinkler Heads (Dry and Wet)	
Standpipes	
Pre-engineered Systems	
Wet Chemical	
Dry Chemical	
CO_2 Suppression	
Foam Suppression	
Halon Suppression	
Other	
Kitchen Hood Exhaust System	
Smoke Control System	
Gas [ ] or Oil [ ] Fired Appliances	
Other WOODSTOVE	1

FEE (Office Use Only)

	25.00
	25.00

Administrative Surcharge	$ 50.00
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C F140
(rev. 3/96)

E.S

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 3-18-99
Date Issued
Control #
Permit # 98-1555-1

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 52 Lot 12
Work Site Location 276 Maxim Road, Howell, NJ
Owner in Fee [redacted]
Address
Tele. ([redacted]
Contractor Owner
Address [redacted]
Lakewood, NJ
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 11-24-98
Approved by: Gerard S. Holem

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 1/4/01
Approved by: Allen Lastel

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough	1/18/00		5/5/00	
Water				
Sewer				
Fixtures				
Gas Equipment				
~~Gas~~ Piping			1/4/01	
Solar				
TCO				
FINAL	12/27/00		1/4/01	

Dates (Month/Day)

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

[redacted] 8/7/98
Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

1/18/00- ok no test on DWV
OK need to test whirlpool
gs 5/5/00
OUCR

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	$ 10
=	Urinal/Bidet	
2	Bath Tub	10
3	Lavatory	50
1	Shower	5
	Floor Drain	
2	Sink	10
1	Dishwasher	5
	Drinking Fountain	
1	Washing Machine	5
2	Hose Bibb	10
1	Water Heater	5
1	Fuel Oil Piping	35
	Gas Piping	
	Steam Boiler	40
1	Hot Water Boiler 1 System.	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	~~Sewer~~ Connection	35
	Water Service Connection	
4	Stacks	20
1	Other A/C	3 35
	Other	
	Other	
		270.00

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F130 (rev 3/96)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

12/27/04 DK DRYER VENT not CONNECTED

O/K (2) LAUNDY SINK FACUET CANNOT have THREADS on FACUET.

O/K 3. STONE NO ANTI TIP BRACKET

O/K TUB SPOUT MUST Be SEALED.

O/K WATER SERVICE PIN MUST Be SECURED.

O/K HEAD SUMP PUMP COVER. MUST Be SECURED.

NOTE - M/B. NOT COMPLETED.

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 3-18-99
Date Issued
Control #
Permit # 98-1555-1

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS; NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 52 Lot 12

Work Site Location 276 Maxim Road, Howell, NJ

Owner in Fee [redacted]

Address

Tele. ([redacted])

Contractor Owner

Address [redacted]
Lakewood, NJ

Tele. (____) Fax (____)

Lic. No.

Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 11-24-98
Approved by: Ronald Liebman

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to [redacted] form the work listed on this application.

[redacted] 8/7/98
Signature—Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures:)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
2	Water Closet	10
—	Urinal/Bidet	
2	Bath Tub	10
3	Lavatory	50
1	Shower	5
	Floor Drain	
2	Sink	10
1	Dishwasher	5
	Drinking Fountain	
1	Washing Machine	5
2	Hose Bibb	10
1	Water Heater	25
1	Fuel Oil Piping	35
	Gas Piping	
	Steam Boiler	40
1	Hot Water Boiler 1 System.	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	35
	Water Service Connection	
4	Stacks	20
1	Other A/C	3.35
	Other	
	Other	
		295.00

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

U.C.C. F130
(rev. 3/96)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 3-18-99
Date Issued
Control #
Permit # 98-1555-1

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 52 Lot 12

Work Site Location 276 Maxim Road, Howell, NJ

Owner in Fee [redacted]

Address

Tele. [redacted]

Contractor Owner

Address [redacted]
Lakewood, NJ

Tele. ( ) Fax ( )

Lic. No.

Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 11-24-98

Approved by: Raymond Feibelman

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Si[redacted]ctor's Seal 3/1/99 8 1 1 1 0

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
2	Water Closet	10
-	Urinal/Bidet	
1	Bath Tub	10
3	Lavatory	30
1	Shower	3-
	Floor Drain	
2	Sink	10-
1	Dishwasher	3
	Drinking Fountain	
1	Washing Machine	3
2	Hose Bibb	10
1	Water Heater	35
1	Fuel Oil Piping	25
	Gas Piping	
	Steam Boiler	40
1	Hot Water Boiler 1 System.	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	35
	Water Service Connection	
4	Stacks	20
1	Other A/C	35
	Other	
	Other	
		249.00

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F130 (rev 3/96)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

CUT-IN-CARD

MUNICIPALITY Howell

LOCATION 276 Maxim Rd UTILITY CO GPU

BLK 52 LOT 12

OWNER [redacted] OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☐ FINAL ☐ TEMPORARY This approval void after ____ days.

DESCRIPTION OF SERVICE 200 AMP WR# 100025778

INSTALLED BY OWNER LICENSE NO

DATE 5-11-00 PERMIT # 98-1555-1 INSPECTOR J. VERRILLO

☐ CALLED IN / / Lic. No: 8186

U.C.C. Form F-350B 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

TOWNSHIP of HOWELL

251 Preventorium Road
Post Office Box 580
Howell, New Jersey 07731-0580

(908) 938-4500
FAX (908) 938-4818

TOWNSHIP OF HOWELL

Jean Verrier
Electrical Inspector

251 Preventorium Road
P.O. Box 580
Howell, N.J. 07731

(732) 938-4500 Ext. 2407
Fax (732) 938-6492

CUT-IN-CARD

MUNICIPALITY Howell

LOCATION 276 Maxim Rd UTILITY CO GPU

BLK 52 LOT 12

OWNER [redacted] OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☐ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 200 AMP WR# 100025778

INSTALLED BY OWNER LICENSE NO

DATE 5-11-00 PERMIT # 98-1555-1 INSPECTOR J. VERRIER

☐ CALLED IN / / Lic. No: 8186

U.C.C. Form F-3508 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

BUREAU OF INSPECTIONS
Township of Howell

Correction Notice

Permit # 02-1535 Location 52/12

I have, on this day, inspected this structure and these premises and have found the following violations of the State Regulations governing same:

1) Front Step / Bottom Riser not equal (OK)

2) Smoke Detectors in Attic to be Heat Detectors (OK)

3) Graspable handle steps (OK)
Risers open cannot exceed 4" (OK)
Landing needs Bulkhead 4" max open (OK)
Wrap Lolly Column (OK)

11-25-02 Nobody home
CG

You are hereby notified that no more work shall be done upon these premises until the above violations are corrected. When corrections have been made, call for reinspection, 938-4500.

DATE 8/19/02 SCO [signature]

DO NOT REMOVE THIS TAG

BUREAU OF INSPECTIONS
Township of Howell

Correction Notice

Permit # 98-1555 Location _____

I have, on this day, inspected this structure and these premises and have found the following violations of the State Regulations governing same:

(1) NEED TECOS GREAT ROOM DOUBLE 2X8 KITCHEN ALSO BATHROOM ALSO

(2) HAVE DIMENSIONAL LUMBER FOR RIM JOIST WITH TILE ASCH

(3) TILE CUT BY FURNACE DOWNSTAIRS

(4) MISSING POINT LOADS UNDER FRONT & BACK DOORS

(5) NEED ALUM FLASHING UNDER ALL GIRDERS, ALL PLYWOOD MUST BE REMOVED & SOLID WOOD USED

(6) NEED ATTIC ACCESS GARAGE 8/19/02 11-25-02 11/26/02

You are hereby notified that no more work shall be done upon these premises until the above violations are corrected. When corrections have been made, call for reinspection, 938-4500.

DATE 5/24/00 SCO SCT

DO NOT REMOVE THIS TAG

BUREAU OF INSPECTIONS
Township of Howell

Correction Notice

* Permit # 98-1555 Location _____

I have, on this day, inspected this structure and these premises and have found the following violations of the State Regulations governing same:

(7) MISSING LOLLY COLUMN IN BASEMENT

(8) MISSING DOUBLES IN BASEMENT

(9) DOUBLE TJI MISSING UNDER TUB TJI CUT WHERE 3" DRAIN IS UNDER TUB ALSO

(10) 2X12 HEADER MISSING ON OUTSIDE PORCH 2X10 INSTEAD

(11) MISSING COLLAR TIES IN GARAGE

(12) MISSING DOUBLE TECOS IN REGULAR BATH AT BOTTOM OF SKYLITE

You are hereby notified that no more work shall be done upon these premises until the above violations are corrected. When corrections have been made, call for reinspection, 938-4500.

DATE 5/24/00 SCO E.C.T

DO NOT REMOVE THIS TAG

CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK: 52 LOT: 12 PERMIT #: _____

WORKSITE ADDRESS: _____

CERTIFYING INDIVIDUAL (PRINT NAME)
Name: [redacted]
Address
Street: 276 Maxim Rd
State: Roselle, NJ 07731

COMPANY
Name: _____
City: _____
Zip: _____
Phone# ( ) _____

CHECK THE APPROPRIATE BOX
TYPE OF REPLACEMENT
( ) Oil to Gas Conversion
( ) Gas appliance Replacement
(✓) Oil to Oil Replacement
( ) Other (describe): _____

EXISTING VENT/CHIMNEY:
( ) B label vent
( ) L label vent
(✓) Masonry chimney-tile lined
( ) Flexible liner
( ) Other (describe): _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

FOR OIL TO GAS CONVERSIONS:
I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

Signature Date

OIL TO OIL OR GAS TO GAS REPLACEMENTS
I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lied and sized for the appliance being installed.

[redacted] 8/7/98
Signature Date

CERTIFICATION NOT SUBMITTED:
I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature Date

DIRECT VENT APPLIANCE:
NO CERTIFICATION REQUIRED: Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

PLUMBING NOTES

1. All plumbing shall conform to all applicable codes in their latest editions.

2. The min. pitch to drain shall be 1/4" drop per 1'- 0" of run.

3. Insulate all pipes as required.

4. All showers shall be equipped with shower heads restricting max. flow to 3 G.P.M..

5. Quantities:

Lavatories	3
Water closets	2
Tubs	2
Showers	1
Sinks	1
Bidets	-
Laundry tubs	1
Work sink	-

6. Pipe size chart

FIXTURE	HW	CW	W/T	VENT
Lav	3/8"	3/8"	1 1/2"	1 1/2"
Wtr. Clo.		3/8"	3"	2"
Tub	1/2"	1/2"	2"	1 1/2"
Shower	1/2"	1/2"	2"	1 1/2"
Sink	3/8"	3/8"	2"	1 1/2"
Bidet		3/8"	3"	2"
Laundry tub	3/8"	3/8"	2"	1 1/2"
Work sink	3/8"	3/8"	2"	1 1/2"

MONMOUTH COUNTY DEPARTMENT OF HEALTH
(732) 431-7456
Continuation Sheet

(For Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Date
[redacted] 276 Maxim Rd	12/26/00
Howell	Tel., Code or ID No.

Item No.	Remarks
	B 52 L 12
Note-	Water tested 12/19/00 by Ocean Environmental - Results ok
Note-	Septic pumping receipt must be submitted to MCHD Fax# 409-7579 Attn: Sherrill.
Note-	NO evidence of garbage disposal
Note-	Well tank pressure 40 psi
* Note-	Bathroom sink and tub not connected. Temp. CO may be issued after Septic receipt received. Re-inspection needed to check sink + tub.
Note-	NO evidence of Septic malfunction at time of inspection
	01 - Sherrill rec'd fax & shipped to Bldg. dept. We need to call her when sink & tub fin.

RECEIVED
JAN 03 2001

Signature of Individual Completing Form

Sherrie B. Shotel

S[redacted] etc., if required

PAGE 1 OF 1 PAGES

WHITE – Establishment CANARY – Local Health Department

MONMOUTH COUNTY DEPARTMENT OF HEALTH
(732) 431-7456
Continuation Sheet

(For Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.) [redacted] 276 Maxim Rd	Date 12/26/00
Municipality Howell	Tel., Code or ID No.

Item No.	Remarks B 52 L 12
Note-	Water tested 12/19/00 by Ocean Environmental - Results ok
Note-	Septic pumping receipt must be submitted to MCHD Fax# 409-7579 Attn: Sherrill
Note-	NO evidence of garbage disposal
Note-	Well tank pressure 40 psi
* Note-	Bathroom sink and tub not connected. Temp. CO may be issued after Septic receipt received. Re-inspection needed to check sink + tub.
Note-	NO evidence of Septic malfunction at time of inspection
	1/5/01 - Sherrill rec'd fax & shipped to Bldg. dept. We need to call her when sink & tub fin.

Signature of Individual Completing Form
Sherrie P. Shute

Signature of Owner of Facility, Establishment, etc., if required [redacted]

WHITE – Establishment CANARY – Local Health Department

Paul Grabowski
Architect
[redacted]
Highlands, NJ 07732
Phone: [redacted]

June 13, 2000

Chief Code Official
Township of Howell
Building Department
251 Preventorium Road
Howell, NJ 07731

RE: [redacted] **Residence**
276 Maxim Road
Howell, NJ 07731
Lot 12 - Block 52

To Whom It May Concern:

With regard to the above mentioned home under construction, the following items are acceptable:

1) The (2) 2 x 10 header over the front door.
2) The remedy for the dimensional lumber rim board is as follows:
   Install (2) 2 x 4 squash blocks (1) on each side of each joist at each end. (This is a common TJI detail). Note that blocks should be 1/16" deeper then joist.
3) In lieu of the double joists under the master bath tub, the intermediate support wall in crawl space is acceptable.
4) In lieu of the double joists under the wall between the great room and kitchen, provide 2 x 4 1/2 wall underneath joist to top of crawl space block wall.
5) The double joist missing under the nook/laundry wall can be remedied by filling the web of the TJI with 1/2" ply-wood on both sides of joist.
6) At the front door bump out. Post the corner to the block foundation. Dig out this area and pour a haunch footing with a 4" rat slab. Install a 2 x 6 CCA plate to underside of the rim and floor joists and run 8" C.M.U. from footing up to the CCA plate.
7) See attached detail for cut joists in mechanical area.

Please feel free to contact me if you are in need of any further information.

Thank[redacted]

Sincer[redacted]

Paul Grabowski
NJ License #: 13568

16" SOLID
2 ON 24"
1" x 12" D
IC. FTG

POST TO
BLOCK

[redacted]

SPACE
MAXIM COURT

[redacted]

[redacted] RESIDENCE
276 MAXIM RD.
HOWELL NJ 07731
LOT # 12 BLK # 52

MECHANICAL AREA.
FLOOR JOIST REPAIR.

PAUL GRABOWSKI
ARCHITECT
[redacted]
HIGHLANDS NJ 077[redacted]
[redacted]

Paul Grabowski
Architect
[redacted]
Highlands, NJ 07732
[redacted]

June 13, 2000

Chief Code Official
Township of Howell
Building Department
251 Preventorium Road
Howell, NJ 07731

RE: [redacted] Residence
276 Maxim Road
Howell, NJ 07731
Lot 12 - Block 52

To Whom It May Concern:

With regard to the above mentioned home under construction, the following items are acceptable:

1) The (2) 2 x 10 header over the front door.
2) The remedy for the dimensional lumber rim board is as follows:
   Install (2) 2 x 4 squash blocks (1) on each side of each joist at each end. (This is a common TJI detail). Note that blocks should be 1/16" deeper then joist.
3) In lieu of the double joists under the master bath tub, the intermediate support wall in crawl space is acceptable.
4) In lieu of the double joists under the wall between the great room and kitchen, provide 2 x 4 1/2 wall underneath joist to top of crawl space block wall.
5) The double joist missing under the nook/laundry wall can be remedied by filling the web of the TJI with 1/2" ply-wood on both sides of joist.
6) At the front door bump out. Post the corner to the block foundation. Dig out this area and pour a haunch footing with a 4" rat slab. Install a 2 x 6 CCA plate to underside of the rim and floor joists and run 8" C.M.U. from footing up to the CCA plate.
7) See attached detail for cut joists in mechanical area.

Please feel free to contact me if you are in need of any further information.

Thank you

Sincer[redacted]

Paul Grabowski
NJ License #: 13568

16" SOLID
2 ON 24"
1"x12"D
IC. FTG

POST TO [redacted]
BLOCK

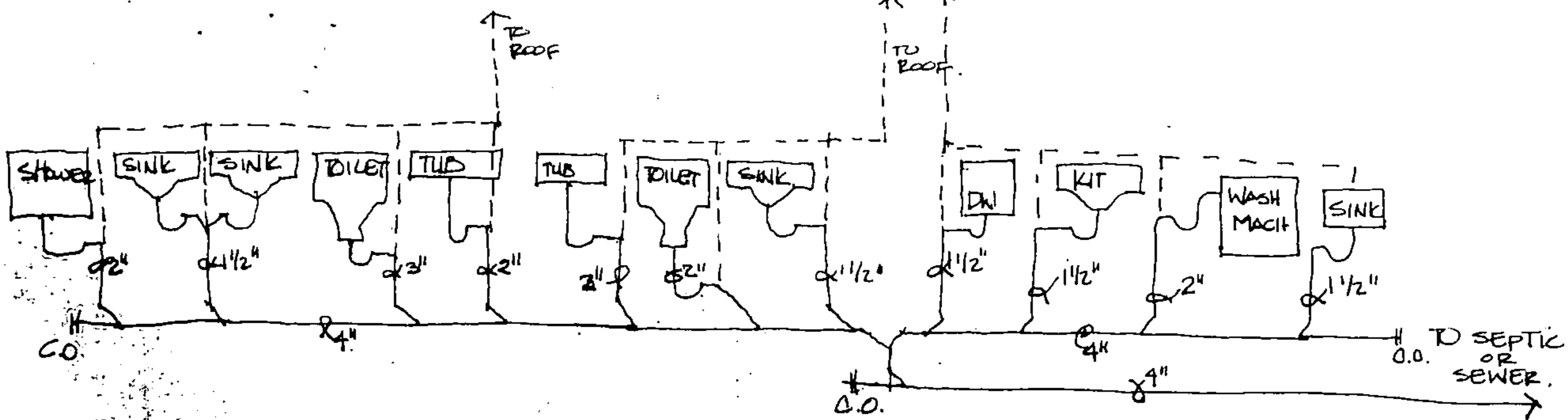
L SPACE
SKIM COAT

[redacted]

[redacted] RESIDENCE
216 MAXIM RD.
HOWELL NJ 07731
LOT# 12 BLK # 52

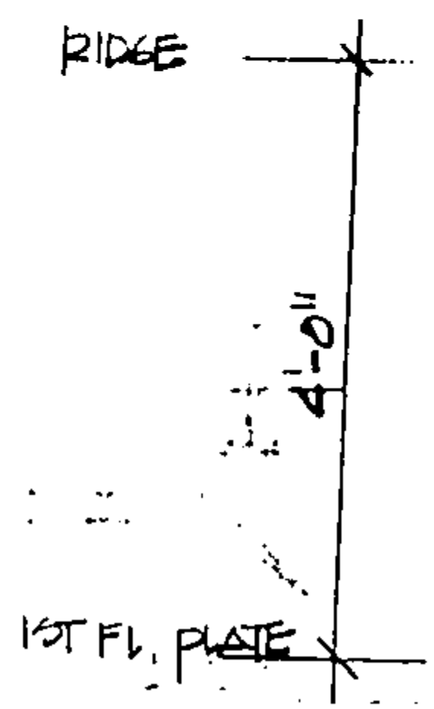
MECHANICAL AREA
FLOOR JOIST REPAIR.

PAUL GRABOWSKI
ARCHITECT
[redacted]
HIGHLANDS NJ 07[redacted]



PLUMBING RISER

NOT TO SCALE.



TO: HOWELL TOWNSHIP CONSTRUCTION INSPECTION DEPARTMENT
Attn: Plumbing Sub-Code Official

REF: DCA BULLETIN 87-1
N.J.A.C. 5:23-3.15(b)
NSPC 4.2.4

DATE 8/7/98

THIS IS TO CERTIFY THAT I, (Name) [redacted],

(Business Address) 276 Maxim Rd, Howell, NJ 07731

(Tel. No. [redacted].

WILL INSTALL ALL SOLDERED JOINTS AND FITTINGS FOR THE POTABLE WATER SYSTEM

IN THE FOLLOWING BUILDING. (Owner) [redacted]

(Address) Same.

(Block & Lot) Lot 12 Block 52.

USING SOLDER AND FLUX HAVING A LEAD CONTENT OF NOT MORE THAN 0.2 PER CENT

IN ACCORDANCE WITH THE ABOVE-REFERENCES.

[redacted]

(Signature & Seal)
(Notarized if Homeowner)

The Monmouth County Board of Health

Robert Peters
President

3435 HIGHWAY 9
P.O. BOX 1255
FREEHOLD, NEW JERSEY 07728-1255

TELEPHONE (732) 431-7456

Lester W. Jargowsky, M.P.H.
Public Health Coordinator
and
Health Officer

January 5, 2001

Patty Hoover
Howell Township Building Department
P.O. Box 580
Howell, N.J. 07731

Dear Patty:

Please be advised that an inspection was recently conducted at 276 Maxim Rd., Block 52 Lot 12. Both the well and septic appeared to be functioning normally, and the drinking water meets standards. However, the bathroom sink and tub were not connected at the time of inspection.

Therefore, our department is willing to issue a temporary CO at this time. After a reinspection is conducted, and the bathroom fixtures are functional, I will forward the Health Department approval to you.

Please contact me if you have any questions.

Sincerely:

Sherrill B. Thatch

Sherrill B. Thatch
Registered Env. Health Specialist

SBT:mc

1/9/01

BLOCK: 52 LOT: 12 PERMIT NO: 98-1555-1

DATE ISSUED: 3/18/99

WORK SITE LOCATION: 276 - maxim Rd.
Howell

OWNER IN FEE: [redacted]

TELEPHONE [redacted]

CONTRACTOR: owner-

TELEPHONE: ( )

DESCRIPTION OF WORK: new Home

1ST NOTIFICATION DATE: 2/5/01 BY: JeP

COMMENTS: spoke to Homer m/Both still not completed
will call -

2ND NOTIFICATION DATE: _____ BY: _____

COMMENTS: _____

DATE OF INSPECTION: _____

CODE VIOLATIONS: _____

DATE OF FINAL INSPECTION: _____

BY:

Monmouth Bd of Health 431-7456 Rd 9 by Friendly's

PLAN REVIEW CHECKLIST

NAME [redacted] BLOCK 52 LOT 12

ADDRESS 276 Magnum Rd. ZONING RELEASE ✓

DATE SUBMITTED 8/7/98 Addit

DEVELOPMENT

		Bldg Insp / Code Enforcement (4) 8.30		
Deeda	REVIEWED BY:	APPROVED		COMMENTS
BUILDING ✓	8-12-98	Wm Clum	OK FF NOT	(1) Cantilevered + Door sizes, Comments on layout (2) Venting layout - show type of material (3) Crawl space venting + access (4) Health approval if septic system
PLUMBING ✓	8/7/98	Ray Gaddy 8/7/98	Bat OK	Needs a completed take off plumbing drains + vents test floor pipes + fixtures. Sketch on prints are not approved.
FIRE ✓	~~8/7/98 OK~~ 11/23/98	NOT	1) ~~NEED ELECTRICAL PLAN FOR SMOKE DETECTORS~~ 2) ~~FURNACE SPEC.~~ cut. cuts	
ELECTRICAL ✓	8/10/98 Emily	OK		
MECHANICAL	AUG 21 1998 Rosamit	Tape 8-13 [redacted] 5.10		3/4" Cooper tubing for heating loop? Elec. H.W. Htr. note
SEPTIC				
OTHER				

RECEIVED AUG - 7 1998

RECEIVED NOV 13 1998 Result

CODE ITEM

PLAN REVIEW RECORD

MONTH: 07 HOWELL TOWNSHIP FIRE BUREAU YEAR: 2000

DATE: 11/23/98 TYPE: RESIDENTIAL DIST#: 4

BLOCK: 52 LOT: 12 PERMIT#: 98-1555-1

ADDRESS: 276 MAXIM ROAD

NAME: EBNER

COMMENTS ADDITION-FULL S/D UP-GRADE
WOOD STOVE

REVIEWERS CODE: 0

FRAME INSPECTION REPORT

SCHEDULE DATE: 5/24/00 REMARKS Frame-SFD-Not Approved-See Note

REINSPECTION DATE: 7/12/00 REMARKS Frame-SFD-Cancelled By Lynn

REINSPECTION DATE: 7/17/00 COMMENTS Frame-Approved

****DATE FRAME PASSED: 7/17/00 INSPECTORS CODE: 2

FINAL INSPECTION REPORT

SCHEDULE DATE: 1/4/01 COMMENTS Final-Addit-Approved

REINSPECTION DATE: COMMENTS

REINSPECTION DATE: COMMENTS

****DATE FINAL WAS APPROVED: 1/4/01 INSPECTORS CODE: 2

OTHER INSPECTION REPORT

TOPIC: Tank

SCHEDULE DATE: 11/22/00 COMMENTS: Tank Install-Approved

REINSPECTION DATE: COMMENTS:

REINSPECTION DATE: COMMENTS:

****DATE OTHER WAS COMPLETED: 11/22/00 INSPECTORS CODE: 3

HISTORY Note:To Be Installed For Final.
*Woodstove Cancelled Per Owner.

[redacted]

HOWELL TOWNSHIP
LAND USE CERTIFICATE

The undersigned hereby applies for a Land Use Certificate for the following, to be issued on the basis of the representations contained herein, all of which applicant swears to be true:

PROPERTY: BLOCK 52 LOT(S) 12 STREET _____

TELEPHONE # 363-8276

NAME [redacted]

ADDRESS 276 MAXIM CT
HOWELL, NJ

PHONE _____

USES Principal 1
Accessory _____
New Construction 1 Existing Structure X
Interior Remodeling _____

FOR OFFICE USE ONLY:
ZONE _____
USE PERMITTED: Yes ☐
No ☐

DESCRIPTION OF LOT: Corner lot: Yes ☐ No ☒
Frontage 150' feet Depth 409.14 feet
On an improved street: Yes ☐ No ☐
Total lot area 1,421 square feet

LOCATION OF STRUCTURES: Principal structure
Setback from right of way: 88.28 feet
(and _____ feet if corner lot)
Sideyard clearances: 30' feet & 60' feet
Rearyard clearances: 100' feet

Accessory structure:
Setback from right of way: _____ feet
(and _____ if corner lot)
Sideyard clearances: _____ feet & _____ feet
Rearyard clearances: _____ feet

DESCRIPTION OF STRUCTURES: Principal
Height 12' feet to highest point
Length 71' feet Width 50' feet
Useable floorspace 2300 ± square feet
Number of stories 1 Basement: Yes ☐ No ☐
Number of apartments _____ Number of Bedrooms _____

Accessory structure:
Height _____ feet to highest point
Length _____ feet Width _____ feet

PARKING: Number of off-street parking spaces _____
Percentage of lot covered by parking areas, walkways, etc. _____ %.

SURFACE COVERAGE: Percentage of lot covered by buildings:
_____ %
Percentage of lot covered by other impervious surfaces: _____ %

* (For Bldg dept)

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

FOR OFFICE USE:
FEE: ✓ $10.00 residential
FEE: _____ $20.00 non-residential
DATE FEE PAID: _____

[redacted]
SIGNATURE OF APPLICANT

7/1/98
DATE

Based on the above application and the statements which are made part thereof, the proposed usage is found to be in accordance with the Land Use Ordinance of the Township of Howell and is hereby approved.

9/1/98
DATE

Vito Maurasso
HOWELL TOWNSHIP/LAND USE OFFICE

COMMENTS/EXPLANATIONS: Receipt #1359

REFERRALS: ☐ To Building Dept. ☐ To Zoning Bd. ☐ To Engineering
☐ To Planning Bd. ☐ To Bd. of Health ☐ To _____